Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER ABEL MALDONAD		Date of This Filing _	10/06/2010	Date Stamp	CALIF FO	ORNIA RM	497	
AREA CODE/PHONE NUMBER () -		I.D. NUMBER (if applicable) 1323385 Report No		LTG-AM-116		For Official Use Only		se Only
STREET ADDRESS			Amendment to Report No		Page 1 of 2			
CITY STATE ZIP CODE SANTA MARIA CA 93458		STATE ZIP CODE CA 93458	No. of Pages	2				
Late Contrib	ution(s) Received							
DATE RECEIVED	FULL NAM	E, MAILING ADDRESS AND ZIP CODE OF CONTF (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	RIBUTOR	CONTRIBUTOR ENTER OCCUPATION AND EMPL CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSIN				MOUNT ECEIVED
09/30/2010	RICHARD RIORDAN LOS ANGELES, CA 9004			IND COM OTH PTY SCC IND OTH PTY SCC IND OTH PTY SCC	RETIRED NONE		\$6,500.00	
				☐ OTH☐ PTY☐ SCC				
*Contributor Code IND - Individual COM - Recipient C OTH - Other	s Committee (other than PTY or	PTY - Political Party SCC) SCC - Small Contributor Committe	e					

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER ABEL MALDONADO FOR LT. GOVERNOR 2010				Date of This Filing10/06/2010	II	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER () - I.D. NUMBER (if applica 1323385		2)	Report No. LTG-AM-110	5		For Official Use Only	
STREET ADDRESS		-		Amendment to Report No.	_	Page 2 of 2	
CITY STA SANTA MARIA CA			ZIP CODE 93458	(explain below) No. of Pages 2	_		
Late Contrib	bution(s) Made						
DATE MADE	DATE FULL NAME, MA MADE (IF		ODE OF RECIPIENT NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC